In response to your post on the administrator list:

I worked at a school that allowed independent self-medication in the high school and middle school.  There were no restrictions.  The policy was intact when I started and I supported it.   I was not involved or aware of a student taking medication unless it involved a chronic health condition / care plan or if the student or parent requested or consulted with me. The school had a philosophy of independence and that the students would accept responsibility for themselves.

We had no worse problem with illicit drugs than other schools. I did not see having that policy interfering with our drug policies and prevention practices.

Kids can buy all kinds of over the counter medications legally.  I worked in a district since with the typical restrictive policy and it seemed odd to "criminalize" what would be normal and legal in another non-school setting, and something that was the common practice when I was in high school - we all carried out own analgesics and antibiotics etc.

I think each school system needs to set its own policy based on its needs.

My job looked very very different in that school where I was not dispensing medication all day, I spent most of my time counseling and 1:1 health education of students who stopped in, on case management for kids with asthma, our #1 chronic disease in that school, consulting with administration on best health / education practices and policies (start times, stress etc), and wellness / illness prevention.  honestly, it was better use of a BSN and I think safer than many of the states that appoint unlicensed personnel to dispense medication.  It was certainly calmer.